

## Appendix F—Model Reports

# Medical Examiners' Handbook

## Guidelines, Sample Reports and Billing Procedures for Impairment Ratings and IMEs in Washington Workers' Compensation

*for IME Examiners, Attending Doctors and Consultants*



### Part 1: Independent Medical Examinations (IMEs)

Chapter 1: Overview.....	3
Chapter 2: Performing IMEs.....	5
Chapter 3: Completing An Examination Report.....	12
Chapter 4: Vocational Issues in IME Reports.....	31
Chapter 5: Providing Testimony.....	38

### Part 2: How to Rate Impairment

Chapter 6: General Information.....	40
Chapter 7: Body Systems.....	49

### Part 3: Billing Information

Chapter 8: Exams, Procedure Codes and Fees.....	84
---	----

### Appendix A: Application Procedure for Independent Medical Examiners, Panels and Consultants.....

.....	94
-------	----

### Appendix B: Relevant Laws and Regulations.....

.....	99
-------	----

### Appendix C: Additional Report & Billing Examples...

.....	112
-------	-----

### Appendix D: L&I Local Service Centers.....

.....	113
-------	-----

### Self-Assessment Test.....

.....	114
-------	-----

### Index.....

.....	116
-------	-----

September 2000

F252-001-000

Department of  
LABOR AND  
INDUSTRIES



# **Sample Report #1: Required Content of IME Reports in Washington State Workers' Compensation**

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All elements are required in all IME reports except those marked by an asterisk. Elements marked by an asterisk should be included **ONLY** if specifically requested by the claim manager.

Please use this Sample Report as a "template" when you dictate your reports so you remember to include all the information required. Your transcriptionist may download the template from the L&I web page. See Item #12 inside the back cover of this handbook.

## **A. INTRODUCTION**

The introduction should include explanations given to the claimant about the purpose and procedures of the exam, a statement about who accompanied the claimant, and other general information about the exam.

## **B. HISTORY OF PRESENT INJURY**

A history from the worker describing both the course of injury or treatment and his or her present status (to be reported separately and distinctly from the record review). The report should distinguish when events described are based on the worker's history alone.

## **C. CURRENT SYMPTOMS**

When the worker describes pain, swelling or rash, be sure to elicit and report details such as location, distribution, effect on activities, etc.

See page 12 for more information.

### IDENTIFYING INFORMATION

<b>Name:</b>	John Smith	<b>Claim #:</b>	N100000
<b>Address:</b>	2424 Poplar Drive Seattle, WA 98100	<b>Date of injury:</b>	July 7, 1995
		<b>Date of birth:</b>	June 2, 1948
<b>Employer at time of injury:</b>	ABC Lumber, Inc.		
<b>Date of examination:</b>	March 2, 1998		
<b>Location of examination:</b>	Seattle Clinic		
<b>Examiners:</b>	Tim Jones, M.D., Hand Surgeon (dictating) Susan Barnes, M.D., Neurologist		

### INTRODUCTION

The opinions expressed in this report are those of the physicians and reflect agreement by both examining physicians on all conclusions, except where otherwise specified. The opinions do not reflect the opinions of XYZ Panel, Inc. Mr. Smith was informed that this examination was at the request of the Washington State Department of Labor and Industries (L&I). He was also informed that a written report would be sent to L&I and to his attending doctor, Dr. X, as requested in the assignment letter from the claim manager. Mr. Smith was also informed that the examination was for evaluative purposes only, intended to address specific injuries or conditions as outlined by L&I, and was not intended as a general medical examination.

Mr. Smith was asked at the time of the examination not to engage in any physical maneuvers beyond what he could tolerate, or which he felt were beyond his limits, or which could cause harm or injury.

Mr. Smith was an excellent historian. The historical portion of this report is being dictated in the presence of the claimant so that additions or corrections can be made if necessary.

Mr. Smith was accompanied by his friend, Sally Rogers, during the entire examination.

### HISTORY

#### **Chief complaints:**

- 1) Decreased strength in the dominant right hand
- 2) Tingling and numbness in the both hands.

#### **History of present injury:**

Mr. Smith is a 49-year-old greenchain puller at ABC Lumber. He has held this job for 13 years. He...

#### **Current symptoms**

At the time of today's exam, Mr. Smith reports moderate tingling and numbness in both hands, right greater than left. The distribution of the tingling is .... In the last few days the sensation has been getting worse, which he associates with .... He also reports decreased strength in his right hand. He denies pain in any part of either upper extremity ....

## D. OCCUPATIONAL HISTORY

See "Occupational Diseases," pages 20-27, for the additional information required for occupational carpal tunnel syndrome, occupational hearing loss, and other work-related diseases. For occupational injuries, a brief occupational history will suffice.

## E. CURRENT WORK STATUS

This is a statement from the worker about whether he or she is employed at the time of the examination, and if unemployed, the reasons why.

## F. PAST MEDICAL HISTORY

This should include a medication history that documents a worker's current medications, past and present illicit drug use, if any, and pattern of alcohol and tobacco intake. A negative or positive history must be recorded. Confounding conditions (diabetes, etc.) should be addressed.

## G. SOCIOECONOMIC HISTORY

This should include education, marital status, and military experience.

## H. REVIEW OF SYSTEMS

A review of systems is needed to determine if other illnesses or conditions are present.

## I. RECORD REVIEW

The record review must provide a detailed chronology of the injury or condition including:

- Mechanism of injury or exposure.
- Diagnostic studies or results.
- Treatments and outcomes, including names of all practitioners involved in treatment.

# Sample Report #1: Required Content of IME Reports in Washington State Workers' Compensation

As always, put the claim number in the top right corner of every page.

March 2, 1998  
John Smith, Claim # N100000  
Page 2 of 5

### Occupational history:

Since the diagnoses include an occupational disease (carpal tunnel syndrome), and because we have been requested by the claim manager to provide the Doctor's Assessment of Work-Relatedness for Occupational Diseases, we are attaching the requested report as an addendum.

### Current work status:

Mr. Smith states he is not working at present because....

### Past medical history:

**Injuries:** Lumbar strain, 1985

**Illnesses:** Pneumonia, 1982

**Operations:** Hernia repair, 1990

**Hospitalizations:** None

**Allergies:** No known allergies

**Medications:** None

#### Substance use:

- **Tobacco:** One pack per day for the last 20 years
- **Alcohol:** One beer per week; no history of DWIs or black-outs
- **Illicit drugs:** History of marijuana use over 20 years ago

**Family history:** Father with diabetes....

### Socioeconomic history:

**Marital status and dependents:** Single; no dependents

**Education:** Finished 10th grade; GED.

**Military:** Served 4 years in the army 1966-70, honorable discharge with no service-connected disability.

### Review of systems:

Non-contributory except mild depression for the last two months, without suicidal ideation, weight loss, insomnia or other....

### RECORD REVIEW

The chart has been reviewed in detail. Records reviewed and pertinent data from those records include the following:

- Chart notes of Brian Johnson, M.D., Family Practice, from 7/28/92 through 3/3/96.  
7/28/92: Dr. Johnson saw Mr. Smith for the first time. Chief complaint at that visit was low back pain. Examination revealed normal neurologic exam, ....Lumbo-sacral spine x-rays revealed....  
8/7/92: Mr. Smith reported substantial improvement in his symptoms with conservative care....
- Chart notes of Mary Miller, D.O., Neurologist, from 9/5/97 through 11/4/98.  
9/5/97: Dr. Miller saw Mr. Smith for the first time. She reported a normal neurologic exam....
- Electrodiagnostic report of William Jones, M.D., Neurologist, performed on 1/3/98.  
EMG revealed.....

Significant missing records included those of the most recent clinical visits and an electrodiagnostic report referenced in the chart notes of Dr. Johnson on 11/3/95.

**Sample Report #1:  
Required Content of IME Reports in  
Washington State Workers' Compensation**

March 2, 1998  
John Smith, Claim # N100000  
Page 3 of 5

**PHYSICAL EXAMINATION**

**Vital signs:** Height: 6' 1". Weight: 240 pounds. Blood pressure: 130/76. Pulse: 88 and regular. Temperature: 98.6. Dominant hand: right.

**ORTHOPEDIC EXAM:**

Mr. Smith is a well-developed, well-nourished male who appears his stated age. He is alert, oriented, and cooperative. He is appropriately attired.....Range of motion of the wrist reveals dorsiflexion to .....Non-organic signs are not present.....

**NEUROLOGIC EXAM:**

Neurologic exam shows strength to be 5/5 in all the major muscle groups. Reflexes are +2 and equal bilaterally. Sensation is ....

*[Complete orthopedic, neurologic, psychiatric exams are expected when the IME is performed by specialists in these fields.]*

**DIAGNOSTIC STUDIES**

Studies performed prior to this IME are summarized in Record Review above. No new studies are indicated for the purpose of this IME....

**PAIN STATUS INVENTORIES**

Please see the attached pain diagram.... We interpret the pain diagram to indicate....

**CONCLUSIONS**

**Accepted conditions (as stated on the assignment letter from the claims manager):**

#1: Right carpal tunnel syndrome

**Diagnoses and assessment of work-relatedness:**

**Diagnoses:**

#1: Right carpal tunnel syndrome

#2: Epicondylitis, right upper extremity, resolved

**Pre-existing conditions:**

None.

**M. PAIN STATUS INVENTORIES**

**Optional:** Include pain status inventories if you deem them appropriate for the worker's condition.

**J. PHYSICAL EXAMINATION**

Please give sufficient detail of both positive and negative findings to support examination conclusions. This will establish a record that you may be asked to discuss in the future. Non-organic signs (such as Waddell's signs) should be reported when appropriate (see page 57). When swelling, rash, or abnormal range of motion are observed, be sure to report details such as location, distribution, character, etc. Goniometric measurement of ROM is not required but may be helpful.

*See page 12 for more information.*

**K. MULTIPLE EXAMINATIONS**

For IMEs with multiple examiners, each specialty should report physical exam findings separately (orthopedic exam, neurologic exam, etc.).

**L. DIAGNOSTIC STUDIES**

If diagnostic testing is needed to complete the examination, please arrange for the needed test, then complete the report (see Authorization for Diagnostic Tests on page 9). Invasive testing (myelogram, biopsies, etc.) should be referred back to the attending doctor. Opinions on testing should, as much as possible, be consistent with guidelines established by the department.

*See Guidelines, page 19 for more information.*

**N. ACCEPTED CONDITIONS**

You should simply repeat exactly the accepted conditions in the assignment letter. This is for administrative purposes, since the accepted conditions may differ from your diagnoses.

**O. DIAGNOSES AND WORK-RELATEDNESS**

Specific diagnoses must be presented in the way listed below.

**Diagnoses.** Give a brief, one-line statement of each diagnosis.

**Pre-existing conditions.** State whether they are worsening on their own or as a result of the accepted condition.

*(See Pre-existing Conditions, page 42-44.)*

**O. DIAGNOSES AND WORK-RELATEDNESS (continued)**

**Conditions acquired after the industrial injury or exposure.**

The worker might mention new conditions or injuries. When this occurs, document the following facts for the medical record:

- Diagnosis or description of the new condition.
- Date the new condition occurred or became manifest.
- Mechanism of injury, if applicable.
- Effects of the new condition on the accepted condition.
- Conclusions about whether the accepted condition caused the new condition in whole or in part. Support your conclusion with medical facts.
- Statements about how these conditions interact.

**P. DISCUSSION AND ASSESSMENT OF WORK-RELATEDNESS**

The claim manager may prefer that you **NOT** express an opinion about work-relatedness. Only address work relatedness if you are specifically asked to do so in the assignment letter. This could be, for example, because a condition has already been accepted and, for administrative reasons, a statement of your opinion may create difficulties.

If the claim manager does ask you to express an opinion on work-relatedness for one or more diagnoses, be sure to include the phrase "on a more probable than not basis," since this is the standard established by law. "On a more probable than not basis" does not imply a high degree of medical probability; rather it means greater than 50% certainty. See page 20 under Occupational Diseases. Also, see section on pre-existing conditions on pages 42-44.

**OCCUPATIONAL DISEASES:** \*

If one or more of the diagnoses is an occupational disease, the claims manager will need additional information. See pages 20-27 for more detail.

**Sample Report #1:  
Required Content of IME Reports in  
Washington State Workers' Compensation**

March 2, 1998  
John Smith, Claim # N100000  
Page 4 of 5

*Conditions acquired after the industrial injury or exposure:*  
Mild reactive depression.

*Discussion and assessment of work-relatedness:*

#1: Carpal tunnel syndrome, right upper extremity. Objective findings (positive and negative) supporting this diagnosis include positive NCVs on 1/3/98 and ....

As requested by the claims manager, we have attached the report called Doctor's Assessment of Work-Relatedness for Occupational Diseases. Please see this report for more detail on our assessment of work-relatedness.

#2: Epicondylitis, right upper extremity, resolved. Objective findings (positive and negative) supporting this diagnosis include:.....

**Prognosis:** Not requested in the claims manager's assignment letter.

**Q. PROGNOSIS**

If applicable or if requested.

**Physical Restrictions**

Mr. Smith should not engage in repetitive forceful use of the hands as described on the Doctor's Estimate of Physical Capacities (see attachment). The basis for this restriction is his carpal tunnel syndrome.... This is a permanent restriction....

**R. PHYSICAL RESTRICTIONS** \*

See page 31, Chapter 4. **Be sure to state the basis for the restrictions and whether permanent or temporary.** Attach the completed "Doctor's Estimate of Physical Capacities" as appropriate.

**Review of Job Analyses**

**Job analysis #1 — Security Guard:**

It is our opinion that Mr. Smith can perform the physical demands....except tasks which involve.... Job modifications should be considered to address ....

**Job analysis #2 — Cashier:**

It is our opinion that Mr. Smith is physically unable to perform the tasks as described because....

**S. REVIEW OF JOB ANALYSES** \*

See page 32, Chapter 4.

\* Elements marked by an asterisk should be included **ONLY** if specifically requested by the claim manager.

## T. RECOMMENDATIONS

Your recommendations may address both conditions related to the injury, as well as conditions unrelated but hindering recovery.

### TREATMENT \*

- Clearly state the goal of further treatment. Is it curative or palliative in nature?
- Clearly indicate if treatment is likely to restore function and/or reduce impairment. If the treatment might make a permanent improvement, even if the impairment rating remains the same, the injury is not yet stable and rating is premature.
- How long should it continue and what is the result expected?
- Guidelines. Opinions should, as much as possible, be consistent with department guidelines.

See page 19.

## U. REFERRAL FOR FINDINGS UNRELATED TO THE ACCEPTED CONDITION

Findings not related to the industrial injury may come to light during the examination. For example, you may note an elevated blood pressure while examining an injured ankle. Write a paragraph separate from your findings about the industrial injury. State that a finding, unrelated to the injury, was made and requires follow-up by the attending doctor. Comments on these conditions should be directed to the attending doctor. In some instances, it may be a good idea to phone the attending doctor to communicate your concerns directly.

## V. IMPAIRMENT RATINGS \*

The rating content described on pages 40-41 is **REQUIRED** for all IMEs (and for ratings by attending doctors and consultants) as of July 1, 1999. See part 2, pages 40-48, "How to Rate Impairment," for more detail. **Do NOT** rate impairment if the worker is not at maximum medical improvement or if further treatment is likely to restore function. (See page 40.)

★ Elements marked by an asterisk should be included **ONLY** if specifically requested by the claim manager.

# Sample Report #1: Required Content of IME Reports in Washington State Workers' Compensation

March 2, 1998  
John Smith, Claim # N100000  
Page 5 of 5

### Recommendations:

**Diagnostic:** No further testing is indicated.

**Therapeutic:** Mr. Smith may benefit from.... Such treatment would be palliative.... This treatment is not likely to restore function, but it could achieve.... A 3-month period of treatment would probably be sufficient to ....

**Referral for follow-up care:** The treatment described above could probably be provided by Mr. Smith's current attending doctor, Dr. X. If Dr. X prefers not to provide this treatment, it may be appropriate to refer Mr. Smith to a neurologist or a specialist in ....

**Referral for findings unrelated to the accepted condition:** Our exam revealed a skin condition over the posterolateral portion of the .... It appears to be .... We recommend that Mr. Smith follow-up with his attending doctor, Dr. X, as soon as possible....

### Impairment Rating Report [See pages 33-80 for instructions and samples of rating reports.]

**MMI:** Mr. Smith has (or has not) reached maximum medical improvement....

**Physical exam:** Examination reveals....

**Diagnostic tests:** Electrodiagnostic studies show....

**Rating:** According to the *AMA Guides to the Evaluation of Permanent Impairment*, 4th edition,...

**Rationale:** The rationale for this rating is that, according to Table....

### ANSWERS TO SPECIFIC QUESTIONS FROM THE CLAIM MANAGER

The information under "Conclusions" above gives complete answers to questions #1, 2, 3, 5, 6, 7 and 8 in the referral letter from L&I. Answers to remaining questions are given below:

**Question #4:** How does your physical assessment differ or concur with prior medical information regarding the patient's physical limitations? Please explain.

**Answer:** The physical assessment appears to concur with prior medical information.

### W. ANSWERS TO CLAIM MANAGER'S QUESTIONS

If you cannot address a question, please explain requirements for addressing it.

Signed:

Tim Jones, MD  
Hand Surgery  
Today's date: \_\_\_\_\_

Susan Barnes, MD  
Neurology  
Today's date: \_\_\_\_\_

### X. ISSUES NOT TO ADDRESS

In your recommendations and throughout your report avoid statements about the claim status such as, "The worker's claim should remain open," or "The worker's claim should be closed." Also avoid speculation about services that may be covered by industrial insurance, like, "The employer should retrain this worker." For more about this, see Pitfalls to Avoid on page 19.



## Where to Mail Reports

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Different addresses should be used for State Fund, self-insured and crime victims reports. See Addresses #1, 3 and 5 inside the back cover of this book.

## Addendum Reports

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An addendum report may be requested after receipt of your examination report. If the request asks you to address a question you overlooked in the examination request letter, you are expected to complete an addendum report promptly for no additional charge. If the request asks you to address new questions, you may charge for the report.

If you cannot address the new questions based on your record of examination, contact the claim manager to discuss the kind of information needed, or the expertise that should be sought to find the answer to the question.

## Proper Use of Terms

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Terms such as "more-probable-than-not" and "maximum medical improvement" are important to include in most IME reports. You are expected to have a clear understanding of their precise meaning. Please use the index (pages 116-118) to find the definitions of the terms you use. If you don't find a term in this book, look in the *Attending Doctor's Handbook*, Appendix A -- Definitions (see item #11 inside the back cover to obtain a copy).

## More-probable-than-not

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When evaluating a worker, you are asked if the worker's condition was "more-probably-than-not" caused by an industrial injury or exposure. Under Washington law, the causal relationship exists if you find that there is a greater than 50 percent chance that the condition resulted from the industrial accident or exposure. There may be multiple causes to a condition, and the industrial injury or exposure does not need to be the sole cause.

## Confidential Information

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The department has established stricter confidential safeguards for the release of sexually transmitted disease (STD) information than usually apply to claims. A general authorization to release claims

information is not adequate for the release of STD information.

**The following information and test results are considered confidential and should NOT be mentioned in your IME report:**

- Positive AND negative information and test results related to HIV/AIDS; and
- Any positive STD information and test results.

If you feel such information is critical to support your conclusions, contact the claim manager and explain the situation. He/she may request that you provide the information in an addendum. Label the addendum "CONFIDENTIAL" in a conspicuous position on each page. The claim manager will take steps so that the addendum will be kept confidential.

If you have questions about the confidentiality of information, contact the claim manager.

## Disagreement Among Examiners

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Some IMEs are performed by more than one examiner. For example, some IMEs are performed by an orthopedist, a neurologist and a chiropractor; some are done by an orthopedist, a neurologist and a psychiatrist.

All examiners should be aware that claim managers rely on IMEs to make decisions regarding claims. IME reports in which the individual examiners express widely divergent opinions are of limited value. Therefore, all examiners must consult with all other examiners in the preparation of the report and discuss examination findings. If there are differences of opinion among the examiners, the IME report must discuss the reason for the differences of opinion and provide options if appropriate. All examiners must sign the report after it is completed (a signature on a signature page prior to the completion of the typed report is not acceptable) certifying that the report accurately represents their findings and opinions.

Multiple-examiner IMEs should be conducted at the same site on the same day as much as possible. This helps avoid disagreements on the conclusions in the report.